

CAF-DND SEXUAL MISCONDUCT CLASS ACTION SETTLEMENT CHANGE OF ADDRESS (COA) REQUEST

In order to complete a change of address, you must complete and return this Change of Address (COA) Request form to the Claims Administrator.

Please read the information below carefully.

SUBMITTING INSTRUCTIONS

You may choose one of three (3) ways to submit the COA form:

1. EMAIL	Email your complete COA form to info@caf-dndsexualmisconductclassaction.ca
2. FAX	Fax your duly complete COA form to 1-866-262-0816
3. MAIL	Attention: CAF-DND Sexual Misconduct Class Action Settlement P.O. Box 507 STN B Ottawa ON K1P 5P6

PLEASE NOTE: This is not a Claim form. This is strictly a COA form.

In order to submit a claim for financial compensation, and/or seek to participate in the Restorative Engagement Program, you **must** submit an Individual Application/Claim Form. You may visit our website for more information at www.caf-dndsexualmisconductclassaction.ca.

CHANGE OF ADDRESS INFORMATION

First Name:	Last Name:	
Claim ID:	Email Address on File:	
Daytime Telephone #:	Evening Telephone #:	
Claimant's Previous Address		
Street Address		
City	Province/Territory/State	Postal Code/ZIP Code
Claimant's New Address		
Street Address		
City	Province/Territory/State	Postal Code/ZIP Code
Certification By completing this COA Form and signing below I certify that the information provided in this form is true to the best of my knowledge.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Claimant Signature:		
Claimant Full Name:	Date:	

Email: info@caf-dndsexualmisconductclassaction.ca

Questions? Call 1-888-626-2611

Mail to: P.O. Box 507 STN B

Ottawa ON K1P 5P6